Commission to Study Primary Care Medical Practice

Room 209, Cross Office Building
(HHS Committee Room)

Date: November 29, 2007
To: Members, Commission to Study Primary Care Medical Practice
From: Elizabeth Cooper, Legislative Analyst
RE: Meeting Summary – November 9, 2007

The following is a summary of my notes from the Commission's third meeting.

Opening Remarks - The chairs of the Commission (Senator Lisa Marrache´ and Representative Gary Connor) opened the meeting at 10:00 a.m. and the Commission members introduced themselves.

Understanding Changes to Physician Practice Arrangements In Maine and New Hampshire - Jennifer Lenardson (Research Analyst) and Catherine McGuire (Director, Health Data Resources/Senior Policy Analyst) from the Institute for Health Policy at the Muskie School of Public Service provided a presentation on a recent study conducted by the school. The study examined trends in the organization and ownership of physician practices. Among the trends they identified the conversion of private or hospital-based practices to other arrangements including Federally Qualified Health Centers (FQHC) and Community Health Centers (CHC). In Maine, Medicaid enrollment doubled between the years 2000 and 2006. Yet Primary Care Physician (PCP) payments per claim declined from $73 to $47 during the same period. Economic factors including higher Medicaid, Medicare and private insurance reimbursement for FQHCs, influence practice conversion. There is not a lot of quantitative data on how long physicians stay FQHCs. Ms. Lenardson and Ms. McGuire noted that they did not find evidence of practices closing due to MaineCare reimbursement issues. However, they did hear about doctors could not accept additional MaineCare patients due to low reimbursement and the complexity of the patients needs. In particular, doctors in Maine's "rim" counties indicated that they cannot practice independently due to high Medicaid population and low reimbursement. In addition to reimbursement rates, other factors influencing practice arrangements include lifestyle, financial risk, costs for infrastructure/administration/overhead, call time and repayment of student loans. There was also discussion of physician incentives and payment for performance. A draft of the executive summary from the Muskie School study can be found on the Commission's website at: http://www.maine.gov/legis/opla/primarycare.htm.

Retail Clinics – Michael Bergeron, M.D. of ASAP Medical Clinic provided a presentation on the walk-in clinic that he founded with his partner Dr. Peter Beeckel. They recognized the need to provide basic medical care that was affordable and accessible to the uninsured and under insured. Their model is different from other retail clinics in that it is free-standing with a private waiting area and is not affiliated with a pharmacy. While some medication is dispensed on site, they do not dispense or even prescribe narcotics. Dr. Bergeron believes ASAP enhances the national model and builds on the medical home concept. He emphasized that the clinic does not replace primary care physicians and they work to connect people without primary care physicians to doctors who are accepting new patients. Similar to other retail clinics, ASAP is staffed by Physician Assistants and Nurse Practitioners with support from MDs. The clinic operates on a "cash-only" basis. The clinic's Electronic Medical Office System (EMOS) includes electronic medical records as well as other systems for managing patient visits. Patients use a self-register kiosk that is accessed by a thumb print scan for protection of records and ease of follow-up. The EMOS includes safeguard checks for medication interaction. Records are faxed to a patient's primary care physician following each visit. Currently they are seeing approximately 10-20 patients per day and have the capacity to see 40

patients in 12 hours with full staff. The facility has the capacity for 80 patients. A copy of Dr. Bergeron's presentation, information on ASAP Medical Clinic and general information on retail medical clinics can be found on the Commission's website.

Medical Education and Career Choice - Bill Norbert (Governmental Affairs and Communications Manager) and Katryn Gabrielson (Assistant Counsel)from the Finance Authority of Maine (FAME) talked about medical education programs including loan and access programs. They indicated that some students doing Maine primary care residency in underserved areas can get approximately $100,000 paid off for them in 2 years. They noted that 20 access seats have been available since 1993 and they just now are getting data on how many of those students end up practicing in Maine. More information on the Medical Education Program and Health Professional Loan Program is available on the Commission's website.

Mark Ruggiero, MHS of the Area Health Education Center (AHEC) provided information on the Maine AHEC Network. The program was created in 1985 by the University of New England's (UNE) College of Osteopathic Medicine. The goal of the program is to increase the supply of primary care physicians, particularly in underserved areas, through training, distant learning and outreach to youth. With more funding the AHEC could provide more out reach and residencies for UNE health professionals. More information can be found on the Commission's website.

Follow-up Information from Previous Meetings - The Commission received additional information on Medical Home Programs (North Carolina, University of Kansas) as well as follow-up from the Maine Hospital Association and Maine Primary Care Association. Materials can be found on the Commission's website.

Work Session/Commission Discussion/Planning - During their work session the Commission discussed the need to establish some high level goals and set the stage for long term system changes, including a shift to a preventative care model. The Commission developed tentative recommendations in the areas of education and training, health care system changes, business climate and payment for care. The Commission plans to discuss the areas of MaineCare, research and technology at the final meeting on December 7th as well as finalize recommendations including any legislation.

Last Meeting: December 7, 2007